



## NURSE AIDE TRAINING - COORDINATOR/INSTRUCTOR CHANGE FORM

***Falsified documents submitted to this office will be forwarded to the Office of the Attorney General  
EVERY ITEM MUST BE COMPLETED LEGIBLY AND IN ITS ENTIRETY CHANGES WILL BE EFFECTED ONLY  
UPON RECEIPT OF COMPLETED, LEGIBLE, SIGNED AND DATED FORMS.***

School Code \_\_\_\_\_  
(non-facility based programs only)

Type: ☐ CNA Program ☐ LPN Program ☐ RN Program  
(check one)

School/Program Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

**\*\*\*\* Indicate the type of change implemented and the type of documentation on file in each instance. \*\*\*\***

Name \_\_\_\_\_ ☐ RN ☐ LPN ☐ Coordinator ☐ Instructor ☐ LA nursing license  
☐ resume ☐ VTIE ☐ CTTIE ☐ train the trainer certificate ☐ a copy of a transcript verifying a master's degree or higher  
☐ will replace \_\_\_\_\_ ☐ will serve in addition to \_\_\_\_\_  
☐ will no longer serve in that capacity

Name \_\_\_\_\_ ☐ RN ☐ LPN ☐ Coordinator ☐ Instructor ☐ LA nursing license  
☐ resume ☐ VTIE ☐ CTTIE ☐ train the trainer certificate ☐ a copy of a transcript verifying a master's degree or higher  
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All **changes of Coordinator** and/or **instructor** shall be mailed to the Nurse Aide Registry at:

**DHH - Health Standards  
P. O. Box 3767  
Baton Rouge, La. 70821**

Attach a copy of all required documentation to **your copy of this form and maintain in your records for review**, by this office, whenever requested. **Failure to produce the information when requested may result in a deficiency for your program.** Changes will be effected the date received at the registry.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Authorized Individual \_\_\_\_\_ Title \_\_\_\_\_